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ABSTRACT

This guide is intended for persons who are concerned with the social adjustment of refugees in the United States. Its objectives are threefold: (1) to help the service providers better understand the refugee as an individual; (2) to add to the knowledge of how to provide culturally-appropriate services and support for the needs of newly arrived refugees as well as of those who have been in this country for several years; and (3) to help service providers identify the kinds of support the refugee needs to maintain and develop personal, intellectual, and emotional resources for further social adaptation. The material is presented in five sections. Part 1 deals with culture, social adaptation, and culture shock. The second part discusses issues of adjustment, refugees' expectations, changes in the support system, cultural conflicts, and community changes. Part 3 deals with principal values in the mainstream American culture and major pressure points. Part 4 treats support systems in most refugees' native lands and the task of rebuilding the support system in the United States. The final chapter deals directly with issues for service providers, their roles, providing access to further help, and service providers' commitments and goals. A selected bibliography completes the volume. (AMH)

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# Social Adaptation of Refugees

## A Guide for Service Providers

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## PREFACE

This Guide is a result of a collaborative effort on the part of the Language and Orientation Resource Center staff and professional service providers from many disciplines and many parts of the country. A "working session" was convened by the Center for Applied Linguistics on January 7, 1982, to solicit comments and ideas regarding preparation of this Guide. Participants were: Lydia Fanfan, District of Columbia Refugee Coordinator, Department of Human Services; Victoria M. Joven and Kingsavanh Pathammavong, Central Entry for Refugees in Arlington, Division of Social Services, Arlington, Virginia; Le Xuan Khoa, Indochina Refugee Action Center, Washington, D.C.; Norman Lourie, Chairman, National Coalition for Effective Refugee Resettlement, Washington, D.C.; Christina Pimenta, Andromeda Hispano Mental Health Center, Washington, D.C.; Kathy Schrader, D.C. Refugee Services, Washington, D.C.; and John VanDeusen, Resources for Human Development, Ardmore, Pennsylvania. The participants also reviewed the working outline and the first draft of this Guide, and CAL expresses its thanks for all their input and guidance.

We are also grateful to members of the LORC Advisory Panel and other individuals who served as outside readers for the final draft. Linda Berkowitz, Rehabilitative Services, Miami, Florida; Carol Law, Indochinese Cultural Service Center, Portland, Oregon; Angela Rodriguez, Spanish Family Guidance Center, Coral Gables, Florida; Yang Sem, Cambodian Mutual Assistance Association Project, Long Beach, California; Carole Saltzman, Office of International Students and Scholars, UCLA, Los Angeles, California; and Bob Walsh, ESL Instructor, Indochinese Orientation and Employment Program, San Diego, California. Our Office of Refugee Resettlement Project Officer, Kathy Do, also provided comments and suggestions for this Guide.

To all above individuals, we express our appreciation for their contributions and the hope that the Guide adequately reflects their views, insights, and recommendations.

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## INTRODUCTION

This guide is written for a target audience which might include bilingual refugee resettlement workers, paraprofessional health workers, eligibility workers, teachers aides, and sponsors. In addition, it may also be useful to social workers, nurses, teachers, doctors, administrators, police, lawyers, probation officers, mental health workers, community leaders, local elected officials, and other individuals who are concerned with the social adjustment of refugees in this country.

The objectives of this guide are to help the service providers better understand the refugee as an individual, not as a stereotype; to add to the knowledge of how to provide culturally-appropriate services and support to address the needs of newly-arrived refugees as well as those who have been in the United States for several years, and to help service providers identify the kinds of support the refugee needs to maintain and develop personal, intellectual and emotional resources to further social adaptation.

This guide represents a synthesis of ideas and experience of refugees and immigrants and those working with them and is not based on new research by the Center for Applied Linguistics.

# Cultures in Transition

## What Is "Social Adaptation"?

While a refugee's most important tasks in resettling in the United States usually include finding a place to live, learning English and securing employment, his or her ability to function emotionally and socially is also important. If the refugee is not reasonably comfortable and able to relate to and work with Americans, the resettlement process is incomplete; the refugee still lives outside of American society rather than within it. This certainly does not suggest that the refugee can or should become "just like an American," for no one is served if the refugee must sacrifice his or her heritage, background or cultural characteristics to survive in this country. The refugee who can function in the United States and feel reasonably content, however, will not only be happier and more successful, but will also contribute more to this country.

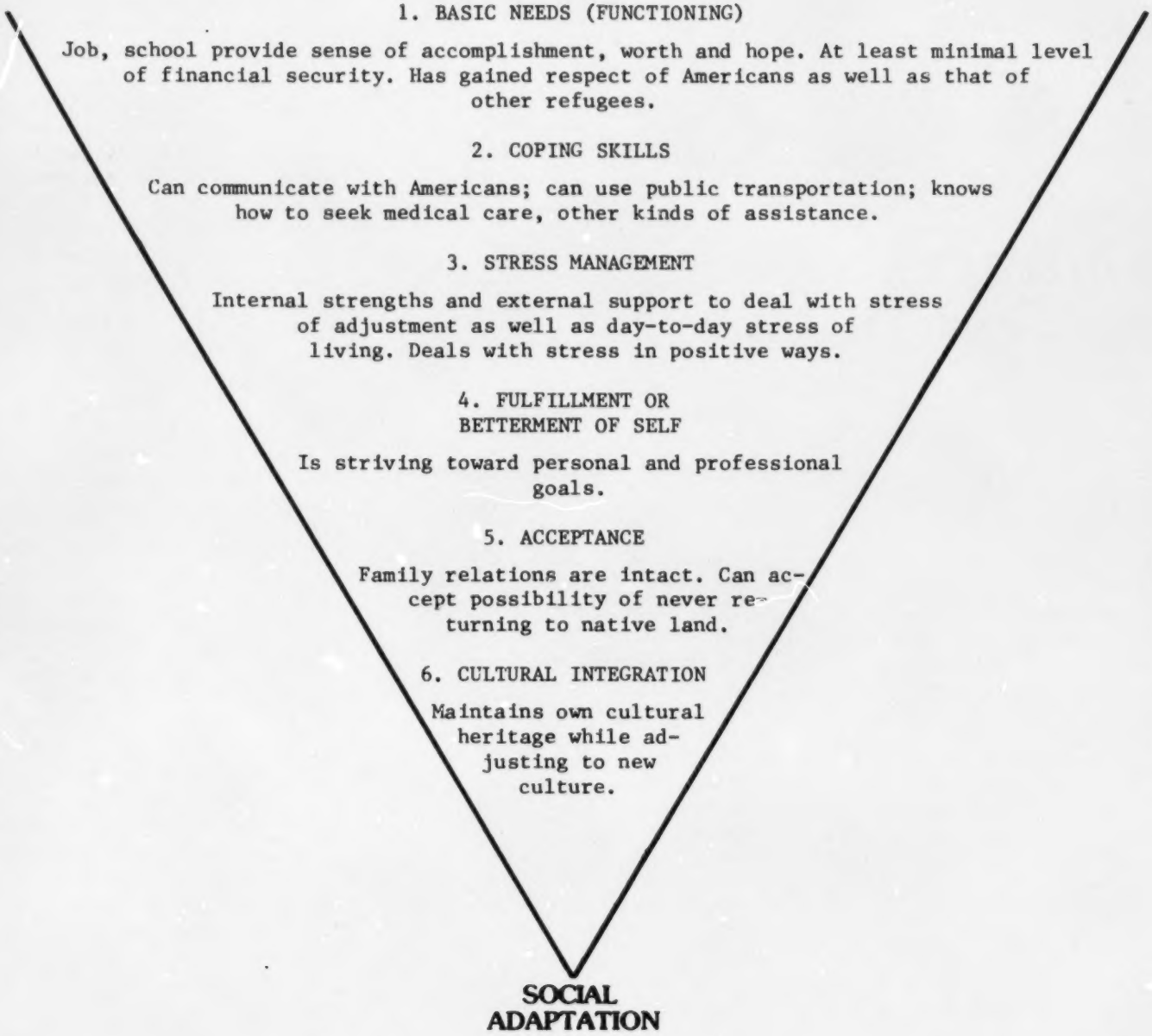
What does "social adaptation" mean? As it will be used in this guide, the term refers to the ongoing internal and external processes in which the refugee integrates into American life, becoming a unique member of this society instead of an outsider from another. Each refugee arrives possessing inner strength to help in the adjustment process. However, his set of values, traditions, and mores may sometimes conflict with what is found here. These conflicts can lead to disorientation, confusion, frustration and anomie.

A second and equal cause of emotional distress results from the hardships encountered in the escape from the country of origin, such as the experience of Southeast Asian "boat people."

## Six Criteria

A more specific definition of "social adaptation" is difficult to formulate, because each individual adapts in his or her own way, finding different solutions to common problems. There are, however, six general criteria to help determine if a refugee has successfully adapted to life in the United States:

1. Basic needs (functioning). Does the refugee have a sense of self-worth, a sense of accomplishment and hope for the future? Has he or she found a vocation or educational situation which is acceptable, at least for the present? Does the family have at least a minimal level of financial security? Does the refugee have a sense of belonging and acceptance by the community as well as a feeling of self-worth?
2. Coping Skills. Has the refugee found ways to deal with specific pragmatic problems that will be faced in this country? For example, does he or she know how to use public transportation and how to seek medical help? If the refugee has not mastered English, how does communication take place?
3. Ability to Manage Stress. Has the refugee developed both the internal strengths and external supports (such as family, friends, and appropriate service providers) to deal with the stress inherent in being a refugee as well as the day-to-day stresses of


1. BASIC NEEDS (FUNCTIONING)
Job, school provide sense of accomplishment, worth and hope. At least minimal level of financial security. Has gained respect of Americans as well as that of other refugees.
2. COPING SKILLS
Can communicate with Americans; can use public transportation; knows how to seek medical care, other kinds of assistance.
3. STRESS MANAGEMENT
Internal strengths and external support to deal with stress of adjustment as well as day-to-day stress of living. Deals with stress in positive ways.
4. FULFILLMENT OR BETTERMENT OF SELF
Is striving toward personal and professional goals.
5. ACCEPTANCE
Family relations are intact. Can accept possibility of never returning to native land.
6. CULTURAL INTEGRATION
Maintains own cultural heritage while adjusting to new culture.
SOCIAL ADAPTATION

American life such as financial pressures? Can the refugee deal with this stress through positive coping skills--talking to others, using available resources, etc. --rather than self-destructive ways such as drug or alcohol abuse, expression through physical illness, violence, etc.?

4. Fulfillment and Betterment of Self. Has the refugee found personal and vocational areas that are meaningful to him or her? Have goals been established so the refugee has something to strive for in the future?

5. Acceptance of the Situation/Harmony with Life. Is the refugee reasonably content with life in this country? Has the family continued to support each other, surviving the stresses placed on it by resettling in a country with very different values regarding family life? Can the refugee accept with as much comfort as possible the fact that he or she may never be able to return to the country of origin and that family members still in that country may never be able to come to the United States?

6. Cultural Blend/ Integration. Has the refugee found a way to maintain his or her cultural heritage, yet make the necessary adjustments to succeed in the United States? For example, how successful has he or she been in joining the mainstream of American life? If failure is met, does the refugee try again and learn from the experience? Is the refugee reasonably comfortable in dealing with the various ethnic groups found in the community?

Most refugees who have attained these characteristics can be considered to have successfully adapted. In fact, any American with these traits would generally be seen as successful and healthy. These characteristics are offered as a yardstick with which a refugee's progress may be measured. Also, there are degrees of adaptation within each of these characteristics. There are others, of course, and these may not apply to all individuals, but the list offers the service provider one approach to help refugees establish goals for their eventual adjustment to American society.

**It is unrealistic to hope that most refugees can make this cultural transition in a short time. In fact, some never fully make it.**

The word "eventual" is an important one. Refugees come to our shores with the scars of years of suffering. The difficulties they face in adjusting to American life styles may deepen those scars. It is unrealistic to expect or even hope that most refugees will make this transition in a short period. Some refugees, in fact, never fully make the transition. Few refugees will ever overcome their homesickness, in the same way that few people ever stop missing a deceased parent. The goal, however, is for the refugee to develop coping skills so that depression and the sense of uprootedness will be reduced to a point that it interferes minimally with his efforts to become a content, productive citizen of this country.

## Culture Shock

Even in the best of all possible situations, most individuals experience some degree of "culture shock" when they leave a known, comfortable environment and go to a strange and unpredictable place. In reality "culture shock" may be viewed as a series of stages of adaptation. Refugees undergoing the slow, internal process of adjustment may experience four stages:

1. The "euphoria" stage, when they are in awe of all the new experiences and events. They only see the novelty of the new country.
2. The "hostile or aggressive" stage, when they begin to perceive the differences between their own culture and the new one and become critical of the other culture.
3. The "slow recovery" stage, when individuals

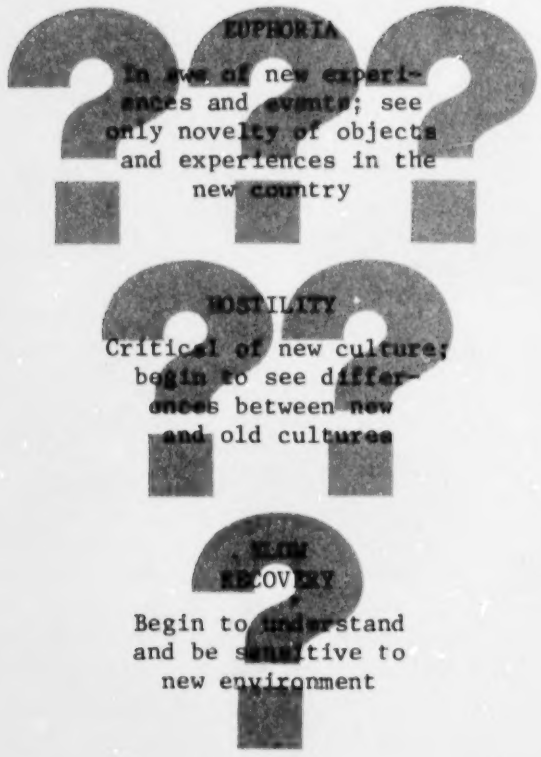
begin to understand and become sensitive to their new environment.

4. The "full recovery" stage, when they truly understand, accept, and enjoy their new culture, reconciling it with the old by retaining old culture patterns and integrating the new. (Appendix A explains the common stages a person goes through in culture shock.)

One who is undergoing "culture shock" may experience a variety of feelings similar to the symptoms of depression. These can include anger, frustration, loneliness, homesickness, fatigue, anxiety, and illness.

A refugee is by definition homeless, stateless and a victim of a 'manmade' disaster, an extreme example of an uprooted individual. Behaviors such as disorientation to the present situation and inability to cope with everyday life are common. Because of linguistic and cultural barriers, the simplest tasks may seem formidable, and some refugees feel confused about their rights and responsibilities in the new culture.

The refugee's general feelings of powerlessness, dependency and inability to plan for the future sometimes lead to a state of depression. This state is usually temporary and can be resolved by the individual with help from friends and family. In other cases, however, the problem cannot be resolved without professional help. A depressive disorder can be characterized by feelings of sadness and loss, hopelessness, changes in eating and sleeping habits, and physical pain such as headaches and stomachaches, particularly when the symptoms continue for a long period of time. For some, depression leads to alcohol or drug abuse. A service provider should be able to distinguish a refugee who is going through the normal stages of adaptation from one who is showing symptoms of depressive disorder.


EUPHORIA
In awe of new experiences and events; see only novelty of objects and experiences in the new country
HOSTILITY
Critical of new culture; begin to see differences between new and old cultures
NEW RECOVERY
Begin to understand and be sensitive to new environment
FULL RECOVERY
Understand, accept and enjoy new culture

Refugees who have recently arrived in this country after a prolonged stay in camps in Southeast Asia and holding camps in the United States (for Cuban and Haitian entrants) frequently lack the survival energy they need during the initial months of resettlement. The first stage of "elation and awe" in the new environment is missing. Feelings of dependency and worthlessness may begin in the camps, dissipating the survival energy needed in the initial period of resettlement.

# The Refugee Experience: Issues of Adjustment

Expectations of Refugees

Refugees who come to the United States have undergone a more traumatic experience than other newcomers to this country. However, the refugees have basically the same human and emotional concerns: to be given the chance to do the best they can. They hope for a peaceful and successful life and strive for a better life for their children.

Refugees may base their personal expectations on many different sources, often forming unrealistic expectations because of having received an incomplete or "Hollywood" picture of the United States. Some learned about life in the United States by watching movies and reading books and magazines. Others had direct contact with Americans who were teachers, missionaries, soldiers, or tourists. Some may have received pictures and letters from friends and relatives in the United States. As a result, the refugees' knowledge or expectations of their new life may be incomplete, exaggerated, or otherwise inaccurate.

These unrealistic and unrealized expectations can result in disappointment, anger, or feelings of being cheated.

Similarly, a refugee may expect life to be worse than it actually is.

As the refugee becomes more familiar with life in this country, the expectations will become more realistic. This is an important first step to adapting to life in the United States.

Changes in the Support System

The informal networks of support which provide both emotional and material support to people in most cultures are:

- family and kin,
- neighborhoods and villages,
- work and professional associations,
- religious affiliations, and
- recreational and fraternal organizations.

Becoming a refugee in a new culture means changes in all of these relationships; changes are often stressful.

1. Family Changes

Inherent in becoming a refugee is the loss of country, worldly goods, profession, home, etc. Some refugees feel that at least they have their family, or what is left of it to rely on. They seldom anticipate the changes in family roles and relationships that may occur. These may be changes in the status of the person who has the wisdom and always knows the right thing to do, who provides moral guidance to the children, who earns the living, who mediates between individuals and institutions of power, who makes decisions for the family. The kind of family dysfunction problems most often reported are:

- Marital Conflict
  Husband and wife roles

Some Common Overexpectations

1. An American family (or relatives) will provide me with everything--house, food, clothes and car--and will always be available for help and guidance.
2. Voluntary agencies will give me $500.00, which is a large amount of money; I can live on that for a long time, but if I need more help I will get it. In fact, the voluntary agency will solve all of my problems.
3. The American government will give me money and support while I go to school, learn English, and learn a skill until I get a good job. All my needs will be met.
4. All Americans are rich.
5. When I get to America, I will have a car, T.V. and stereo just like everyone else.
6. English will not be hard to learn once I get to America.
7. Americans feel guilty about the war. They will welcome me and will give me what I need.
8. My family life will be just like it used to be.
9. I will be safe, free, warm, and no longer hungry.
10. I will be what I was before--a teacher, farmer, doctor, etc.--or I can hunt, fish, or raise my own food to survive as I have always done before.
11. I will get everything I need and be reunited with my relatives and friends as soon as I get to the United States.
12. I will live, work, associate and make friends with Americans.

Some Common Underexpectations

Underexpectations --ways in which some refugees expect life to be worse than it actually is--may include:

1. I will not be able to practice my religion in the United States.
2. I can never learn how to speak English because I'm too old, not smart enough, etc.
3. I'll never see my family again.
4. I'll never be able to find familiar food in the United States.
5. My sons and daughters will become Americanized and won't care about me any more.

often become ambiguous where they were once clearly defined and not often thought about or discussed. Often the wife begins sharing the role of wage earner and it is not uncommon for her to become employed before her husband does. Her social world and personal contacts expand beyond the family to people her husband does not know. The wife often begins to acquire some self-esteem from work and is not totally dependent upon family for this need, as she once was.

The husband often has to accept a job with less social status than he previously enjoyed, and may be asked or expected to help with household chores which he may feel lowers the respect his children, parents or peers once felt for him.

In refugee families from a more rural background with little formal education, the wife often has fewer opportunities to learn English and has little contact with the new culture. And the husband often has to assume greater responsibility in the children's education and medical care. He may also have to attend to all of the family's regular financial affairs, including shopping, which was previously her responsibility. He may become overwhelmed with the added responsibility and have difficulty choosing between responsibilities on the job and at home. In addition, the wife may become isolated, lonely and feel useless as she has lost a major part of her role in caring for her family.

Each partner in these conflicts often begins to feel a loss of control over his or her own life, an uncertainty about how they are viewed by those who mean the most to them. The result is often a loss of self-esteem, anger at not being understood and a perception of "bad behavior" on the part of the partner. For some, the result is severe depression, spouse abuse and/or divorce or separation.

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Generational Conflict

Many refugee families consist of three generations as one household or one functioning unit. The role of the oldest generation or grandparents often changes dramatically upon resettlement in the United States. (This generation is sometimes as young as forty-five and considered elderly by their own definition.) Often the culture holds advanced age and wisdom in high regard and it is perceived as a time to look forward to with greater privileges and high respect.

Behavioral clues that indicate possible abuse in American families may have other meanings in other cultures.

However, elderly refugees often do not learn English and have limited contact with the American community. They are more dependent than ever on their adult children for daily needs and amusement and yet the family is too busy with their new life to give them the time and respect they are accustomed to. For example, their adult children no longer consult them regularly for major family decisions. Consequently, they often feel that the family is compromising or giving up very important cultural values and they may become lonely, isolated, fearful, ill, angry or demanding.

In-law problems are not uncommon when the adult child is asked in effect to choose between the wife or husband and the elderly parent.

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Conflicts in Parenting

Providing guidance and discipline for children in our rapidly changing society is increasingly difficult for American parents. The problems and dilemmas are multiplied for refugee parents who are struggling to preserve and teach important traditional values as well as trying to prepare their children for a successful life in this culture. The changes that might result in conflicts are:

- The children learn English quickly and begin active participation in American life more readily than their parents.
- Because of their skill in English, the children often become the mediator between their parents and institutions of power such as school, health, and social welfare systems.
- Through school they also have greater exposure to American values and behavior norms which are often in conflict with their parents'.
- Parents are sometimes unaware of, or frightened by, the many new experiences to which children are exposed and feel unable to provide sensitive and confident guidance.
- Most parents are very worried about their teenagers' involvement in permissive American dating practices. They are equally concerned about their limited social contacts through which an appropriate partner might be chosen.
- Parents often feel their children are not showing the proper respect to their elders. They begin feeling a loss of power and control over their family.
- Older children may begin to feel that their parents' ideas are old fashioned and stop sharing their experiences with them, stop asking for permission to do things and begin a relationship of withdrawal and deceit.
- In the most severe cases of breakdown in the parent-child relationship, the result can be child abuse, substance abuse, and teenage runaways.

Refugees are apt to look upon intervention in family problems as a violation of their cultural rights.

Cultural Conflicts in the Helping Process

Homesickness, loneliness, physical illness, anxiety and depression may be experienced by refugees during their adaptation, although it is unusual for these symptoms to continue for long periods of time. Patience, understanding and encouragement on the part of the service provider can help the refugee overcome these problems.

## Family Violence

Those under great stress for prolonged periods of time, however, may act out their frustrations in more violent ways such as suicide, spouse abuse or child abuse, requiring more direct intervention.

Intervention of social service providers in family problems may be confusing to refugee families at best and is apt to be looked upon as invasion of privacy, interference and violation of their cultural norms. It is important to proceed in a culturally sensitive manner.

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## Suicide

Each culture has somewhat different taboos and/or conditional sanctions relating to suicide -- usually associated with religion. It is important, where possible, to get the input of a cross-cultural specialist or a cultural informant before raising the issue with the person. Getting the suicidal thoughts out in the open in a safe and trusting setting is an essential first step, just as it is with Americans.

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## Child Abuse

The refugees are entering a culture which itself is unsure of the appropriate limits of parental discipline and the fine line between punishment and abuse. In America we do, however, believe that children have individual rights to be protected from assault and battery -- even from parents. We also believe that all children have individual rights to a decent, safe life and education regardless of the family's financial circumstances. These beliefs are reflected in our laws. Most refugee families come from cultures where the ultimate responsibility for the care and supervision of children is placed on the family rather than the society. They often find this concept of individual rights for children contradictory to their parental authority and responsibility. Also, they may believe this to be impractical. It is important therefore that child abuse and neglect issues and laws be carefully explained to refugee families. We cannot assume that they all know and understand this form of public control over their family life, much less to accept this interference. The following is an example of how child abuse and neglect might be explained to refugee families.

Child abuse is intentionally and unintentionally inflicted injury to a child which causes physical or emotional damage such as bruises, burns, bites, broken bones or constant fear. Examples of discipline which could be considered child abuse are punching or kicking a child when the adult is angry and has lost his or her temper or depriving a child of food as punishment.

Child neglect is failing to give a child adequate care and protection. Some examples of situations that could be considered child neglect are: leaving a child (under 11-16 years old depending on the city) unsupervised or with other small children; failure to provide such things as adequate nourishment or food, safe shelter or housing, and adequate clothing; and failure to send a child to school or to supervise the child's attendance or non-attendance in school. Child neglect also includes knowingly exposing a child to a danger such as fire or dangerous machinery, failure to call a doctor or to bring the child to a hospital when the child is very ill or has a communicable disease.

In discussions of parenting laws and consequences, the purpose is not to threaten or frighten. It is to inform and instruct

in the understanding and skills which contribute to functioning successfully and peacefully in this culture, as required by the laws. Sometimes harmless cultural practices can be misinterpreted when we don't understand the culture. Behavioral "clues" which may be indicators of possible abuse or neglect in American families may have a different meaning in another culture. Examples are the Asian folk medicine practice of rubbing salve into the skin with a coin which causes bruises or the practice of large close families who commonly have many children of both sexes sleeping in the same bed or room. If parents are asked to stop practicing a particular parenting activity they will need guidance to understand and substitute acceptable behaviors.

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Spouse Abuse

Although the term "spouse abuse" may refer to verbal and physical abuses inflicted by and on either spouse, this section will deal mostly with wives as the victims. Most refugees come from cultures with a strong paternal power structure. The father in the family has the responsibilities and the authority to control the behavior of his family. If a member of the family behaves badly according to cultural norms, he is held responsible. Although there are exceptions, in most cases this power is kept somewhat checked by a complex system of close family and community relationships. The elder members of both spouses' extended families are often mediators. Also, members of a small community are often involved in each others' activities on a daily basis, providing a censor to extreme activities.

Wife abuse may be a serious by-product of refugee resettlement. This is due mainly to changing roles in the marital relationships, which is increasingly stressful to American families as well. Wife abuse may occur when circumstances of resettlement threaten the husband's self esteem and his control of the family; hence he may strike out verbally or physically.

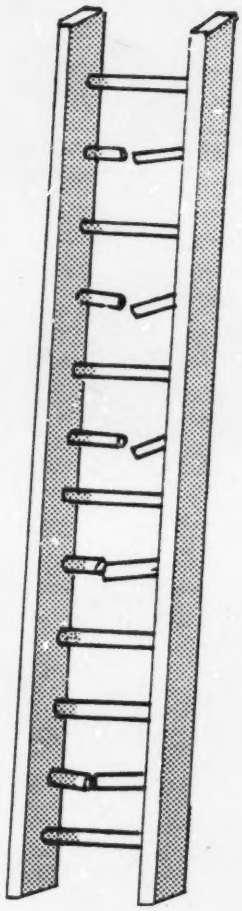
Service providers may help refugees understand the issue of wife abuse by explaining that:

- Changes in family structure are common and stressful--extra patience and understanding are required.
- There are legal controls in this country on how one may treat one's spouse. Assault and battery on anyone in this country, including members of one's family, are against the law.
- Wife abuse problems exist in most cultures.
- Even though it is in the best interest of everyone that the problem be solved with the family remaining intact, the protection of the woman must be the first priority.

Service providers who suspect cases of wife abuse among refugees need to know that:

- Temporary separation does not need to be avoided.
- The initial reaction of the wife may be denial of being abused, for fear or concern of what will happen to her and her children (if there are any).
- It is important to get the abuse out in the open so that options can be made clear to both parties.
- The removal of the woman (and children) from the family has extra implications; for example, the shame which is brought to the whole family.
- Sometimes, the wife may tell the service provider what he or she wants to hear and may not follow through on the advice of the service provider.
- Some women may be in real danger but may not be willing to take action which they may believe culturally inappropriate.

Dealing with wife abuse cases requires sensitivity, compassion, and professionalism. For a service provider working with refugee families, there is the added dimension of understanding and knowledge of the refugee's culture and background.



BREAKDOWN OF COMMUNITY SUPPORT SYSTEMS

Families, clans are broken up.

Loss of traditional "support" centers (pagoda, marketplace, neighborhoods)

Religious practices are modified, roles of religious leaders change.

Leaders of ethnic groups lose respect of young ones as they become more quickly "Americanized."

Tensions arise between refugees and their new neighbors of other racial, ethnic backgrounds.

## Community Changes

Inherent in any resettlement process is the conflict of basic values, or the rejection or modification of former values in the face of new options. This conflict is exacerbated among the refugees because of the abruptness and permanence of the upheaval. Most of them are being settled in an urban and industrial community after having lived in a rural and agricultural community.

Oftentimes, the new refugee community grows slowly; it takes time--months or even years--for them to be fully adjusted to the new environment, to be acquainted with their neighbors, and to regroup themselves. Regrouping in a particular environment--rural or urban, agricultural or industrial--may only occur with certain ethnic groups, depending on their cultural and historical backgrounds. (Information on specific ethnic backgrounds may be obtained from CAL. Contact the Language and Orientation Resource Center or see their bibliographies of orientation materials for sponsors and service providers.)

There is an assumption among service providers that because refugees belong to the same ethnic group and they speak the same language, they function and support one another as a group. They may be a crowd, but not a group. For example, many recent Cuban arrivals have been rejected by the established Cuban community in the United States. If a Cuban would not associate with someone in the homeland, he may not associate with him in the United States either. In their native countries, most refugees belong to mutual support groups which consist of the extended family, clan or tribe, individuals living in the same town, having the same occupation (like the military), and belonging to the same religion. The "community" here differs. In addition, the functions of the community have changed for the refugees. Some ethnic groups are used to institutions which function on multiple levels like the marketplace, and church, temple, or pagoda which also serve as places for social gatherings and centers for support systems.

Others may never have been exposed to formal institutions, but have always depended on informal support systems among themselves: everyday problems are customarily discussed and solved in the leader's house.

Refugees in general come from different backgrounds and support systems. Whenever problems, especially family disputes, occur, refugees may feel that they are better handled within the support system. In some instances, however, they might need outside assistance.

Interpersonal relationships in the community have also changed. Neighbors who used to look after one another may now hardly talk to one another. Families and friends who used to combine resources to buy a house or open up a business are having a hard time supporting their own families. Many leaders of ethnic groups, who used to be highly respected, are being paid less attention to as the young ones start to go their own ways.

For some refugee groups, changes in religious practices create turmoil. There might be a general feeling that they are not adhering enough to their religion.

The religious leaders are new and experiencing role changes (a monk leaving his vocation and getting married, a shaman converting to Christianity), the rites and chants of the refugee religions are modified. All in all, religious support is inadequate, if not entirely lacking.

Probably the hardest and most important lesson most refugees have to deal with in American communities is how to get along with people of other races and how to handle prejudice and rejection because of race and religious background, and because of economic reasons.

# Principal Values in Mainstream American Culture: Major Pressure Points

One of the principal problems facing anyone who is trying to adapt to a new culture is the contrast, and even potential conflict, between that person's own values and the values of the new culture. These differences in values and attitudes can create substantial pressure, especially if some members of the family (for example, children) adapt to the new values more readily than others. They are also likely to create stress when people feel like they must "turn their backs" on a principal value in their own world. The fact that we often hold values and are not aware of them--at least, not until they become obvious through conflict with other values--makes it even more difficult sometimes to deal with the stress.

What follows is a brief overview of some of the principal values in mainstream American culture. Although not all Americans hold them, these values are the basis for most American institutions--the schools, businesses, government--and even those who do not hold them are aware of their centrality and importance even if they openly fight against them. In doing so, they create stress for themselves as well.

Perhaps the central value in American life, according to many anthropologists and cross-cultural specialists, is the importance of the individual and the value that Americans place on "self-reliance." It was this desire to be free to practice individual beliefs that led to the settlement of the United States and the continuing expansion westward. And when the first settlers arrived in the United States, they were forced to rely upon their own resources in order to survive. They took pride in their ability to "make it on their own" and to create a life for themselves out of the wilderness. Although life has changed considerably since then, Americans still value self-achievement and expect people to make their own way. They may believe in helping those in need (perhaps the Statue of Liberty is the best expression of that belief), but that is viewed as a temporary measure. Most Americans believe that the United States offers everyone an opportunity to achieve self-sufficiency, and that those who work hard will eventually reach it. Thus, we have stories of Horatio Alger, of people who go from "rags to riches", and proverbs which advise people to "pick themselves up by their bootstraps", that is, to take responsibility for their own actions. This leads to a belief in the importance of competition --in school, in sports, in business, and in economy. It is this competition which has led Americans (and many Western nations in general) to produce a

variety of inventions to increase productivity and efficiency. As a result, actual manual labor is reduced and the shift in the economy is toward increasing amounts of "information management" via paper and pencil, or increasingly, via computers.

Americans also believe that a person should choose his career and decide what life would be best for him, and not necessarily follow in the footsteps of others in the family. Although children may ask their parents for advice in such matters as college education or future jobs, most Americans expect children to make these decisions for themselves. In fact, being "independent" and making decisions is highly valued and children are often encouraged early to begin making their own decisions. Also, when children reach 18 or so, they often move out of their families' homes as a sign that they are now independent adults.

The need to become independent often influences children's behaviors in other ways. For example, children may be encouraged to do "chores" or small jobs around the house--such as sweeping the walk, doing dishes, or going to the store for their parents--in return for spending money or other privileges. As children become older, they may take on paper routes or babysitting jobs to begin to earn money for their clothes or for their schooling. If they become college students, often they will continue to work at least part-time, helping to pay their way through school. This pattern of working is established early and is respected, no matter how small or menial the job. In fact, most Americans assume that a first job--whether for a teenager or an adult--will be only a temporary job, and may not even be a very satisfying one. However, it establishes the pattern of work, it provides some income, and it lets others know that the individual is responsible for his own well being. These characteristics will then help the individual to get a better job and continue to advance in a career. "Upward mobility" is viewed as an integral part of one's work life (and academic life), and although all will reach a point at which further advancement is blocked or not possible, the importance is to strive to reach that position and to make the best of oneself possible.

There are, however, limits to this individualism and freedom of self-expression. These are stipulated in the laws and in fact, are often sublimated to a "team" effort. Thus, there are two contradictory influences in American life: the desire to make the best of oneself possible and the desire to act as a responsible member of a team--whether that team is the family, the community, or the nation as a whole. Were it not for the importance of cooperative, team efforts, perhaps individualism would lead to anarchism.

However, to someone from a culture which values "harmony" or "fitting in" or reaching a "consensus," American life may seem self-centered and uncaring, and even full of dissension. It is true that there is a high degree of tolerance for disagreements in families and in school. School debates are often encouraged as are family discussions in which everyone has an opportunity to "say his piece." Even questioning the teacher or disagreeing with another student in class or asking questions of one's employer are all acceptable, if they will lead to a "better" answer or a "better" product. But that may look to others as a culture which values strife and which does little to achieve intimacy within the family or between friends.

Friendship itself is something which may be a source of confusion to those who are new to the United States. The concept of a "friend" is culturally variable. Some people will feel that the word is used more freely by Americans than they would use it and this can lead to hurt feelings and misunderstandings when someone who thinks an American is "his friend" finds that that friendship does not result in the kind of support that a "friend" would provide in his own country.

Another source of misunderstanding between people and of possible stress to those who are trying to adapt to a new culture is the different ways that

people express themselves non-verbally: that is, with their gestures, their use of eye contact, or their tone of voice. Even a handshake may be "misunderstood." How one expresses affection will also vary. Americans may put their arms around another, may pat someone (especially a child) on the head, or may simply lightly slap each other on the arms. They may view the close embraces between men of other cultural groups as "too affectionate" or the simple handshake as "too remote." Often, unknowingly, people may offend each other when they think they are being friendly or neutral. Thus, when Americans bend their index finger, palm up, and motion toward themselves, they are simply calling someone; they are not being disrespectful. When they look someone in the eye, they are being honest and direct. If they were to look away, it would be a sign of embarrassment or that something was wrong. This use of eye contact may be exactly the reverse in other cultures.

With all these cultural differences--in values, attitudes, practices, non-verbal communication, even in world view--it is not surprising that sometimes people often learn to adapt to each other rather slowly. It requires a great deal of trust which can only build over time.

# The Support System

## The Support Systems in Most Refugees' Native Lands

Probably the major conceptual difference between how one views the support system here in the United States and in most of the refugees' native lands is the degree and nature of the commitment of service providers. In the United States, the providers of human services aside from members of the immediate family are hired, paid, and mostly professional individuals who are specifically trained and educated for a certain role. These roles are well-defined and limited; a social worker cannot prescribe medicine for illnesses. Most of the helping process occurs in a particular site (an office) and during certain hours.

By contrast, most of the refugees are familiar with a support system that is mandated by tradition, family, and/or clan ties. In addition, the scope, degree and length of time of support is limited only by economic resources. For example, in some cultures the community or clan leader may be a very respected and powerful man. He may also be related by blood to the rest of the community or clan. He counsels and supports his people in almost all financial and personal matters. Usually, nothing happens to anyone in his community without his knowledge.

## Family, Relatives and Friends

In many cultures, the extended family plays an important role providing support, both emotional and financial, to the needy family member. Tradition places great emphasis on the respect paid to those of senior age or generation. The elderly give advice and teach children to preserve their linguistic and cultural heritage. In return, the elderly (parents) are supported by married or unmarried children or grandchildren until they die. A married couple or working children expect to give aid or financial support to needy parents, brothers or sisters.

The head of the family is usually the husband or the father who is responsible for housing and feeding all members of the family. The wife has a voice in household affairs; her major roles are education of the children and moral and behavior guidance, especially for the daughters. She occupies a key position in the prosperity, well-being, and reputation of the family. Exceptions should be made of refugees who have lived in a totalitarian state for several years. The children in these countries are often sent away to schools; hence their socialization and education are not the exclusive responsibilities of their parents.

A closer look at the Indochinese cultures will reveal substantial cultural and social differences which affect the adaptation

process. For example, relatives are considered also as family but with a little less importance. A cousin may be considered as close as a brother or sister, hence, many refugees in this country keep sending money to their uncles/aunts and cousins in the camps. Another example is that many Indochinese refugees and ethnic sponsors have confused the resettlement workers in camps in filling out affidavits or sponsorship forms by claiming nieces and nephews as their own children. Very often the nieces or nephews are considered as children and live with uncles or aunts when their parents have numerous children or have died. When uncles and aunts get old, they are oftentimes taken care of by their nephews or nieces when they have no children to support them.

An intimate friend sometimes is closer than family; he or she will enjoy the same privileges as a brother or a sister (especially in personal matters). A friend can be trusted to take care of the family when the husband is away, to take care of the business, and to lend money without any legal contract.

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Community Leaders

In many of the refugees' native lands, the village is a place where everybody knows each other, because it is made up of relatives by birth or by marriage. The elected village leader or chief is often the oldest -- usually the grandfather or grand uncle. This is the reason why the village leader's role is effective in almost every matter of life, i.e., matching couples, reuniting couples, or mediating family disputes

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|---|---|
| Family | • Extended families provide care, financial support.<br>• Intimate friends may enjoy same privileges as family.<br>• Husbands are usually responsible for financial well-being of family, wives responsible for moral behavior, cohesiveness and reputation. |
| Community Leaders | • Elected chief is often eldest villager.<br>• Religious leaders exert great influence, especially in rural areas.<br>• Fortune tellers are often consulted in matters of marriage, births, and business endeavors; folk healers may still be consulted in rural areas. |
| Doctors | • Rarely consulted by majority population, except in cases of serious illness.<br>• Private psychiatric help is generally nonexistent. |

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Monk/Priest/Minister

The religious leader exercises a deep influence among the population, especially in the rural areas. The places of worship are important places for social gatherings for the whole village. The monk, priest or minister is usually regarded as the most dominant and respected figure in the village. The village chief works closely with the religious leader in the development of the village. The chief helps in the development of morale and education of everybody and provides emotional support and counseling to the people, especially the elderly.

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Fortune Tellers and Folk Healers

Seeking the advice of fortune tellers and folk healers is a very popular practice among the population in rural areas. Before the parents decide to marry off their children, they consult the fortune teller to know whether the match is a fortuitous one, meaning they will love each other until they die, they will be wealthy, they will respect the family-in-law, etc. In addition, before making important decisions about politics and business, they get the advice of fortune tellers first.

Folk healers are less influential than fortune tellers because of the advances and effectiveness in Western modern medicine and treatment, and the accessibility of small public infirmaries or dispensaries in small towns

and cities. But folk healers are still being sought by people living in remote areas, and especially when modern medicine and treatment fails. The practice of burning incense and seeking the help of deities and ancestors can go hand in hand with being treated by a Western-oriented doctor.

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Private Therapist, Family Physician

A private therapist does not exist in most non-Western countries; neither does "talk therapy". Family physicians are available only to the upper middle class; the majority of the population does not consult the doctor.

There is no medicaid, no health insurance or any group health association. The majority of the population has never had routine physical checkups. They go to the clinic or see the doctor only when they are sick for four or five days, and go to the hospital when their condition gets serious.

Rebuilding the Support System

After the social service provider and refugee have reflected on the nature and structure of the support systems in the home country and observed how and why some things have changed here, it is time to look at how these can be effectively integrated. The support system can be reconstructed to accomplish the same fundamental goals of providing love, comfort, security and fulfillment of duty from family relationships, a sense of belonging, contributing and accomplishment from the community, and a personal feeling of self-worth and dignity.

The directness of traditional American counseling techniques may not be effective with people who are new to our culture. A social service provider, however, can be helpful and supportive to individual refugees and families by listening and guiding them through the confusing and sometimes painful process of rebuilding. A family might find the following suggestions helpful:

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Rebuilding the Family

- Re-evaluate roles and responsibilities for each member of the family until each person feels he or she has an important contribution to make.
- Accept that all things cannot stay the same and agree upon which cultural values are most important to the family as a whole and what might be done to support them.
- Identify how the elder member's wisdom is still helpful to the family and have family discussions around these issues.
- Withhold judging other family member's behavior as dysfunctional, as there are many new things happening to everyone and it is easy to misunderstand the circumstances or intent.
- Understand that the children are going to school and growing up in a culture that teaches and rewards individual achievement and independence while at the same time admiring family closeness and unity. Encourage the children to share their experiences and frustrations so that the parents can learn along with them and help them to make appropriate decisions about their behavior. Set limits and be firm about those things which are most important. But be willing to make compromises considering the other expectations and pressures which are placed on the children by the school and their friends.

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Rebuilding the Community

- Make new friends with other refugees who may be able to give advice on practical matters.
- Join or participate in a mutual assistance association where guidance is available and where there are opportunities to be active and helpful to others.
- Learn English and make friends with Americans in order to learn as much about the new culture as possible.
- Establish ties in the new community with own religious organizations. If one is not available, attempt to get together with other refugees who share the same faith in order to start one.
- Plan and attend social or religious activities on important ethnic holidays.
- Begin work and/or training as soon as possible to put some order back into daily life as well as provide a sense of accomplishment and hope for the future.

# Issues for Service Providers

Roles of the Service Providers in the United States

Many service providers find that refugees' expectations are different from those of their American clients. Much of this difference relates to the refugees' perceptions of what the service provider's role should be.

Many refugees, such as Southeast Asians, are not familiar with social service workers and are therefore uncertain of what to expect from them. Confusion may result from the specialization of service providers. The refugees may not understand, for example, that an eligibility worker has only one task: to determine whether the refugee is entitled to benefits. The eligibility worker is then surprised and perhaps offended when the refugee asks for help in finding an apartment or a job. It is important therefore that each worker help the refugee understand what he or she can and cannot do.

Many workers find their roles expanding to include important functions not typical of their positions. For example, an ESL teacher may find it necessary to help a student prepare for a job interview. As a result, some workers have difficulty defining even for themselves what they can and cannot do for their refugee clients, adding to the confusion the refugee already feels.

Probably the most confusing aspect of a service provider for the refugee is the worker's apparent role as a friend. In most non-Western countries a person who works for an agency is connected with the government and is therefore viewed as an authority figure. From previous experience, the refugee will typically view the service provider as a powerful figure: one who can provide cash assistance, find the refugee a job, enroll the children in school, locate a place to live, etc. The confusion arises when the service provider starts relating to the refugee as would a "friend who cares", a signal to the refugee that the worker is not only an authority figure, but also a friend. A friend usually treats another friend in a "special" way. Some refugees (as well as other Americans) may think that since the service provider is a friend, he or she will "bend the rules" of the agency as a favor to the refugee. Friends are also generally viewed as people who are always available and happy to hear from each other at most any time. The refugee may therefore feel free to call the worker at home during the evening or a weekend on a matter that could easily have waited until the next working day. This may place the worker in a difficult position. He or she may not want to offend the refugee by postponing the

discussion until working hours, therefore appearing uninterested; neither does the worker welcome the increasing number of intrusions into personal time. While there is no easy solution to this dilemma, the worker might try to find a way to gently "put off" the refugee, encouraging him or her to call at more appropriate times.

Usually friendship is a two-way process in which each individual freely shares personal information with the other. The refugee, who may have been asked to discuss many confidential matters with the service provider, may feel free to ask the worker equally personal questions. Many workers may feel uncomfortable with this, yet again face the dilemma of dealing with the questions without offending the refugee or discussing matters which may be seen as inappropriate.

Another concept many refugees do not understand is the service provider's role within the agency structure. Usually unfamiliar with the complexities of social service systems (like many Americans), refugees may not recognize that the worker's authority and influence within the system is limited. Even if the worker agrees that the refugee should be granted a given consideration, he or she may be unable to provide that consideration. Americans usually recognize a separation between the worker and the agency; refugees tend to view the worker as <u>being</u> the agency and cannot understand a worker's statement that agency policy prevents him or her from taking the course of action the refugee requests. It is also difficult for them to understand that the absence of "their" worker--such as during a vacation--does not mean the refugee cannot continue to receive services from the agency.

Many workers find that the skills they have developed working with Americans can be useful with refugees, needed modifications becoming more apparent with increased experience with specific refugee populations.

The confusion regarding appropriate professional roles can be particularly difficult for a bicultural worker, especially a paraprofessional with little training or experience. Often, such workers will try to be "all things to all people," attempting to meet all the needs of the refugee clients. These individuals need help from their supervisors and agencies to understand what limits need to be set, not only to follow agency policy, but also to help the workers keep from being overwhelmed by clients' demands.

These are some of the problems that result from the refugee's confusion of the worker's role. There are other problems, however, caused by possible worker uncertainty regarding the use of principles of Western practice with a refugee population.

Conscientious service providers try to distinguish between what are cultural and individual differences among the clients. This is, of course, very important since a refugee is an individual from another culture living in a new culture. It may be, as some suggest, that a worker from one culture cannot fully understand a client from another. Whether this is true or not, understanding is complicated by the cultural barrier. Under the best of circumstances, the stresses of working with a refugee population may eventually take their toll on some service providers.

The service provider who works with refugees may modify what he or she has learned through experience with American clients and from formal education. The key is learning how to apply that experience and knowledge to the specific refugee population, making modifications as necessary so that the approach may be culturally appropriate to that population. This may best be accomplished by learning as much as possible about the refugee group. Many workers find that the skills they have developed in working with Americans can be useful with refugees,

the needed modifications becoming more apparent with increasing experience with that population. This will help the service provider to respond to the needs of individual refugees and families, and to help overcome the cultural barriers and role-definition problems discussed in this guide.

## Providing Access to Further Help

Most of the emotional and behavioral problems refugees experience result from the difficulty of adaptation, not underlying conditions such as mental illness. Therefore, service providers appropriately tend to view problems such as depression as being caused by the refugee experience--escape from the native land, time in the refugee camp, difficulty adapting to a new country, etc.--rather than intrinsic emotional disturbance. Sometimes, however, a refugee does in fact suffer from such disturbance. As such, the service provider must sometimes consider the possibility that a given refugee is suffering from problems beyond the more common adjustment reactions.

How can the service provider determine when a refugee's problems are the result of such intrinsic disturbance rather than a reaction to resettlement?

Perhaps the most important question is whether the individual experienced similar problems in the country of origin. If, for example, a refugee is described by family and friends as having been depressed for several years before arriving in the refugee camp or U.S., it is probable that current manifestations of depression are exacerbated by the resettlement experience but not caused by it. In that case, referral to a professional like a medical doctor, social worker or a psychiatrist should be considered.

| Some Common Misconceptions by Refugee Clients | Some Important Considerations for Service Providers |
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| • In most non-Western countries, agency personnel are connected with the government and therefore viewed as authority figures. Refugees may ascribe to the service provider more power than he or she actually has. | It is important to help the refugee understand the worker's role and what he or she can and cannot do. |
| • Confusion may result if refugees do not understand the specialization of service providers and agencies. | • The worker must be able to gently "put off" unnecessary calls during non-working hours or overly personal questions, perhaps by explaining that the worker needs personal time for his or her own family. |
| • Even once the refugee realized the limits to the agency's jurisdiction, he or she may not understand the limits to the influence of any one worker within the agency. | • Para-professionals may fall into the trap of trying to be "all things to all people." The needs, and often the expectations, of refugees are great, and the service provider must know when it is best to refer a client to a more appropriate facility. |
| • The refugee may regard the service provider as a friend who can "bend the rules" or who is available to help during non-working hours. If the refugee has been asked confidential questions, he or she in turn may feel free to ask the service provider equally personal questions. | • The service provider must be prepared to modify what he or she has learned in order to find an approach that is culturally appropriate for the refugee client. |

While there are many differences among cultures in the range of accepted and "normal" behavior, some generalizations can be made regarding behaviors that can be considered "abnormal" or "unhealthy" even across cultures. Symptoms such as extreme and long-term sleep disturbance, appetite disturbance, child or spouse abuse, headaches, inability to sleep, and inability to respond to other people--like staying in the bedroom in isolation for a long period of time--should alert the provider to the possibility of serious mental or emotional dysfunction and illness. Although any of these symptoms could result from adaptation problems, it is wise to consider the possibility of their indicating the presence of longterm disturbance.

As the service provider gains experience with refugees, he or she develops an understanding of the range of behavior that is characteristic of that culture. This understanding enables the worker to recognize problems that are atypical of that ethnic group.

The nature of the refugee and his or her problem will determine the worker's course of action. Some problems, such as suspected physical or mental illness, will require the worker to refer the refugee to an appropriate treatment center for follow-up. It is crucial that the worker remain involved, however, not only to assist the practitioner in understanding pertinent cultural issues, but also to ensure that the refugee receives the needed treatment. For example, a service provider may wish to share his or her reasons for believing that the problem is intrinsic, not adaptive, for many practitioners not experienced with refugees may cautiously withhold treatment for fear of inappropriate diagnosis. Once appropriate treatment has been provided, the service provider can continue to help the refugee address those problems that result from the difficulties in resettlement as well as following up on the other problems.

INTRINSIC OR ADAPTIVE DISTURBANCE?

1. Did the refugee client experience similar problems in the native country? Talk to friends and relatives.

2. Some generalizations regarding behavior hold true across cultural barriers: extreme and long-term appetite or sleep disturbances; child or spouse abuse; withdrawal from other people, etc.

3. If the client is referred elsewhere for follow-up treatment, the caseworker should remain involved. He or she can explain why an intrinsic problem is suspected, and not an adaptive one. The worker can also help the follow-up practitioner understand some pertinent cultural issues.

4. AS THE SERVICE PROVIDER GAINS EXPERIENCE WITH REFUGEES, HE OR SHE DEVELOPS AN UNDERSTANDING OF THE RANGE OF BEHAVIORS THAT IS CHARACTERISTIC OF THE REFUGEE'S CULTURE.

## Commitments and Goals of Service Providers

The responsibilities and functions of the service provider working with refugees fall into two areas: direct service and resource mobilization.

In providing direct service, the worker becomes more familiar with the cultural dynamics pertinent to that ethnic group. As this awareness increases, the service provider will naturally develop the ability to work more appropriately with that ethnic group.

Resource mobilization--finding, supporting and using appropriate individuals and agencies within the community--takes place on three fronts:

1. The worker, aware of available facilities such as family guidance clinics, refers the refugee to an appropriate agency for services beyond what can be provided directly by the worker's office;
2. The worker provides assistance to other agencies, helping their staff understand cross-cultural factors and any other information they may need about a specific refugee or family who has been referred to them;
3. The worker helps members of the refugee communities: monks, para-

professionals, community leaders and others. This help may include referral, arranging meeting facilities, mediating between the refugee community and Americans in coordinating services, etc., so that interested refugee leaders can more effectively serve their own community.

Because no single service provider or agency can possibly address all the needs of the refugee community, services can be most effectively developed by using and bridging for the refugee the existing resources in the community. Thus the service provider supplements what already exists rather than attempting to develop an entirely new system.

The experience of being a refugee is among the greatest of human tragedies. Losing one's homeland under the worst possible circumstances, the dangers many face in the process of leaving, and resettling in a strange culture that is not totally accepting of refugees, are all painful experiences that will result in some degree of emotional upset if not crisis. Even those refugees with great adaptive ability do not find resettlement to be easy, and may become discouraged.

Nobody has the power to take away this emotional pain or simplify the adjustment process. Instead, the service provider can only help the refugee not only to survive the adjustment process, but also to be personally strengthened by it, as always happens when a crisis is successfully resolved. By drawing from the personal strengths of the refugees and the resources available in the community, service providers can help their refugee clients to develop further their internal strength and to use external supports to adjust successfully to life in a new country.

Appendix A

CULTURE SHOCK:
WHAT IS IT? WHY SHOULD YOU KNOW ABOUT IT?*

Since you will be soon entering a new culture, it is quite possible that you will be experiencing what we call CULTURE SHOCK. Culture Shock may be defined as the feeling one experiences when one is taken out of a familiar environment and thrown into a completely new and different environment. In your own country, you are among people who understand you -- who know who you are and who think and behave in a similar manner to you. You know what to expect from them and they from you. However, when you enter a new culture, you suddenly encounter people with new behavior and a new way of thinking -- a simple gesture or movement or utterance may mean something completely different. Your situation in this new culture may be compared to "fish taken out of water".

A knowledge of Culture Shock may be useful to you. Arriving in a new culture, you may experience feelings or emotions that you do not understand. The purpose of this discussion is to make you aware of what Culture Shock is, how a person may feel when experiencing it and what can be done about it. With this new awareness, once you are in the new culture, you may be able to analyze your own feelings and decide whether you are experiencing Culture Shock or not. If you decide you are, then an understanding of what Culture Shock is may be the first step on the road to recovery. When you begin to understand or become aware of something, you can then begin to take care of it.

Indicators of Culture Shock

An individual undergoing Culture Shock experiences a variety of feelings. According to studies in the field, the following general feelings may be experienced: estrangement, anger, indecision, frustration, anxiety, unhappiness, loneliness, homesickness or illness.

The individual may have feelings that best protect or defend him from the strange environment. For example, he may have the feeling of rejection or

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*This short paper is adapted from the training files of the U.S. Peace Corps Office, Bangkok, Thailand.

regression. The feeling of rejection means that he is rejecting the environment which makes him feel badly. The feeling of regression means that the home country becomes most important and he chooses to remember only the good things about it.

More specifically, the individual undergoing Culture Shock may experience the following symptoms:

1) a particular concern for cleanliness or dirtiness
2) a helplessness - a dependence on his own countrymen
3) more irritation than he usually shows for things that go wrong
4) a fear of being cheated, injured or robbed
5) a concern for pains or skin eruptions he might have
6) a need to be back home with his own people who understand him
7) a delay or refusal to learn the language of the country

In addition, there is some knowledge as to the stages an individual goes through when he is experiencing a new environment:

STAGE I

This may be called the "touristic stage" or the stage of "euphoria". At this state, the person is experiencing the country for the first time. He is fascinated and thrilled with all the new. He tends to only see the similarities with his country.

STAGE II

This stage may be called the "hostile or aggressive stage". At this stage, the person is slowly beginning to feel uncomfortable. He begins to see differences between this culture and his own culture that he cannot understand, and therefore disturb him. At this stage, he is very critical of the new culture and may gather together with his countrymen to speak against it.

STAGE III

At this stage, he is slowly recovering. He is becoming interested and sensitive to the new culture and people around him. His sense of humor returns, and he can even begin to joke about his new experiences and difficulties.

STAGE IV

At this stage, he is almost fully recovered. He is truly understanding and experiencing the new environment in a meaningful way. He has accepted it and is actually enjoying it.

## What Can You Do About It?

Now that you have an idea about the feelings involved with Culture Shock, perhaps we can now discuss how to deal with them.

People cope with this problem in various ways. Some choose to flee from the problem completely. They prefer to withdraw or isolate themselves from their new environment, perhaps with their own countrymen. Others choose to reject their own culture or "go native". They become completely immersed in the new culture. Still others attempt to right the new culture -- they want to try to change what they don't like in it. They want to be adapted to rather than be the ones adapting. As you can see, none of these methods is satisfactory.

Which method is the most satisfactory? Perhaps what is first needed is an understanding of yourself -- your beliefs, behavior or "own cultural identity" and how you relate or interact with other people. Secondly, you should begin to understand the new culture -- the beliefs, behavior and cultural indentity of the people in this new culture. As you begin to understand both your own culture and the new culture, you can begin to adapt or adjust to the new environment.

Choosing to adapt to the new environment is a difficult process. You must be open -- free of fear -- to learn and to change your behavior, if necessary. You will be forced to re-examine yourself in regards to this new culture. In this process of adapting, you must remember that you do not forget yourself -- your true beliefs or values that you have grown up with. You keep these, but you also accept and try to integrate the aspects of the new culture that seem desirable and will help you to achieve your goals while you are there.

Culture Shock can be a valuable growing and learning experience. It forces you to experience yourself and others in a new way. It gives you a special self-awareness or understanding. It can show you how much of your own behavior is influenced by your culture. It also gives you a special awareness of others and how much their attitudes and behavior can be determined by their culture.

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The reader component of a multi-media social work curriculum which includes a slideshow and videotape, developed by the Asian American Community Mental Health Training Center. The five sections provide an introduction to the refugees' socio-economic and political situation, as well as mental health status; legislative and institutional policies which affect the Southeast Asian populations; reports on emerging community organizations, culture-specific background information, and approaches to treating mental health problems and models for service delivery.

Baker, Nicholas G. "Social Work Through an Interpreter." Social Work, Vol. 26, no.5, September 1981, pp. 391-397.

This article discusses the need to work with interpreters because of the scarcity of American and bicultural professionals who can speak the languages of the refugees they serve. The model emphasizes a team approach, the American professional and bilingual worker developing a close relationship to most effectively serve the client. The qualities needed by an interpreter are listed, as well as specific guidelines for hiring an interpreter.

Baker, Nicholas G. "Substitute Care for Unaccompanied Refugee Minors." To be published in Child Welfare Spring or Summer of 1982.

Unaccompanied minors are viewed in this article as a refugee group with special needs that require specialized services. Principles of foster care are discussed as they pertain to a refugee population, and concerns regarding provision of casework services as well as administrative structure are emphasized.

Bliatout, Bruce Thowpaou. Problems of Acculturation of the Hmong in Hawaii. Honolulu, HI: Institute of Behavioral Sciences, February 1979.

Available in single copies for $2.00 a copy, including postage from: The Institute of Behavioral Sciences, 631A Keeaumoku Street, Honolulu, HI 96814.

A guide to the mental health issues relating to the resettlement of the Hmong not only in Hawaii but also elsewhere in the U.S. Includes a brief section on their historical origins, geographic distribution, and cultural background. Service providers may find the section on "Mental Health Problems of the Hmong People in Hawaii" helpful to their work with the Hmong.

Egawa, Janey and Tashima, Nathaniel. Alternative Service Delivery Models in Pacific/Asian American Communities. San Francisco, CA: Pacific Asian Mental Health Research Project. November 1981.

Available free in single copies from: Pacific Asian Mental Health Research Project, 1366 Tenth Avenue, San Francisco, CA, 94122.

Different approaches to providing social services to Pacific/Asian American clients are discussed, including specific models used by a number of agencies in California. The booklet is of value to administrators seeking different funding sources and approaches to providing services to a refugee population.

Friedman, Joan, Koschmann, Nancy Lee and Tobin, Joseph Jay: Working with Refugees: A Manual for Paraprofessionals. Chicago, IL: Travelers Aid/Immigrants Services, Refugee Resettlement Service. June 1981.

Available free-of-charge from: Travelers Aid/Immigrants Service, Refugee Resettlement Services, 1046 West Wilson Avenue, Chicago, IL 60640.

The manuals were developed as part of a training program for Southeast Asian paraprofessionals in Chicago. In outline form, they could easily be used in a formalized training program, although the manuals are also of value to paraprofessionals who wish to expand their working knowledge of American practice and theory. Ideally, the three volumes should be used as a set.

Volume I: Introduction to Refugee Resettlement Work discusses casework skills, service standards and objectives, and resettlement goals of refugees.

Volume II: Intercultural Counseling and Interviewing Skills discusses different counseling approaches and how to apply them to a refugee population.

Volume III: The Life Cycle, Mental Health, Mental Illness introduces life stages and mental illness, providing the paraprofessional with information needed to begin work in refugee mental health services.

Kinzie, J.D. "Evaluation and Psychotheraphy of Indochinese Refugee Patients." American Journal of Psychotheraphy, Vol. XXXV, No. 2, April 1981.

This article is directed to mental health professionals who seek to adapt their skills to a refugee client. Special techniques in evaluation and therapy are discussed and case examples are used.

Miller, Barry, Chambers, E.B. and Coleman, C.M. "Indo-Chinese Refugees: A National Mental Health Need Assessment." Migration Today, Vol. IX, No. 2.

The article presents the results of the data collected during the Spring of 1979 by the Division of Research and Training in the Pennsylvania Office of Mental Health. The assessment of the mental health problems among the Indochinese refugees was conducted via questionnaire and site visits. Among the primary problems of the Indochinese refugees cited by the article are depression, anxiety, and marital conflict.

Refugee Women's Program Development and Coordination Project. Domestic Violence in the Indochinese Community: An Introduction to the Issue and Initiative for Response. Washington, D.C.: Refugee Women's Program Development and Coordination Project, January 1982.

Available for $7.50 for a single copy from: Refugee Women's Program Development and Coordination Project, 1424 16th Street, N.W., Suite 404, Washington, D.C. 20036.

This kit is directed mainly at two audiences -- refugee resettlement practitioners and battered women's service group personnel. It contains facts about domestic violence issues, culture-specific information about refugees, and information about local collaboration between resettlement practitioners and battered women's service groups.

Robinson, Court. Special Report: Physical and Emotional Health Care Needs of Indochinese Refugees. Washington, D.C.: Indochina Refugee Action Center, March 20, 1980.

Available free in single copies from: Indochina Refugee Action Center, 1424 16th Street, N.W., Suite 404, Washington, D.C. 20036.

A review of health and mental health needs of Indochinese refugees based largely on surveys conducted by the Pennsylvania Office of Mental Health and the U.S. Public Health Service. Author stresses that there is "still a pressing need...both to further define and coordinate the roles of the public and private agencies involved, and to enlarge the scope of health and mental health care throughout the whole resettlement process." A major recommendation involves the need for strengthening ethnic community support systems.

Silverman, Marsha L. "Vietnamese in Denver: Cultural Conflicts in Health Care." In Proceedings of the First Annual Conference on Indochinese Refugees, compiled by G. Harry Stoop, Jr. and Nguyen M. Hung. Fairfax, Va.: George Mason University, October 1979.

A research conducted during 1976-1977 which indicated that the Vietnamese in Denver, Colorado maintain traditional health care techniques, delay seeking professional medical care, and continue to rely on community support systems for health information. Silverman notes that in Vietnam a large number of physicians were in the army, leaving the majority of the civilian population without professional care. This factor, coupled with differences in the view of illnesses can help explain conflicts in the adjustment process.

Spencer, Frank W., et. al. "Cuban Crisis 1980: Mental Health Care Issues." Paper presented at the Southeastern Psychological Association Convention, Atlanta, Georgia, March 27, 1981.

Available from Spanish Family Guidance Center, Dept. of Psychiatry, University of Miami, 747 Ponce de Leon, Suite 303, Coral Gables, Florida, 33134.

This paper is based on the clinical experience of a mental health team that worked with Cuban entrants shortly after their arrival in the U.S., primarily unaccompanied minors. It discusses the psychological and cultural concerns of this population and presents a useful model for providing mental health services to any refugee or entrant group.

Thao, Cheu. "Hmong Migration and Leadership in Laos and in the United States." In Proceedings of the First Annual Hmong Research Conference, edited by Bruce Downing and Douglas Olney. Minneapolis, MN: University of Minnesota, Center for Urban and Regional Studies, April 1982.

Available for $7.75 a copy including postage from: Southeast Asian Refugee Studies, Center for Urban and Regional Studies, University of Minnesota, 117 Pleasant Street, S.E., Minneapolis, Minnesota, 55455.

The paper demonstrates that Hmong secondary migration in the United States is parallel to moving patterns in traditional Hmong society and that while the reasons for moving are quite different, the overall attitude towards moving is a chance to improve one's situation, and almost all of the practical aspects of moving are the same. It also shows, in particular, how leadership is involved in moving and how consolidation of clan power can form the motivation for a move which appears arbitrary to outsiders.

## Other Related References

True, Reiko. "Health Care Issues for Asian Americans." San Francisco, CA., 1979.

Available from the author, Department of Public Health Service, 555 Polk St., San Francisco, CA. 94102.

Weaver, Jerry. "Public Policy Responses to the Health Needs of Pacific Asian American Families." Paper presented at the Conference on Pacific and Asian American Families and HEW Related Issues. Washington, D.C. 1978.

Available from: Department of Health and Human Services, Division of Asian American Affairs, 300 Independence Avenue, S.W., Washington, D.C. 20201.